



PATENT

Attorney Docket No. 1004-0102.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Zhongming Zeng

Serial No.: 10/798,072

Filed: March 11, 2004

Examiner:

Art Unit:

For: A PHARMACEUTICAL COMPOSITION  
FOR REDUCING VAGINAL ACIDITY  
AND TREATMENT OF VAGINITIS,  
AND THE USE THEREOF

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PRELIMINARY AMENDMENT

Dear Sirs:

Please amend the above-identified patent application as follows:



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/798,072	
	Filing Date	March 11, 2004	
	First Named Inventor	Zhongming Zeng	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	1004-0102.01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen B. Heller		
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